

COUNTY OF SAN DIEGO - WRITTEN DISCLOSURE

(PURSUANT TO SECTION 1000.1 OF THE SAN DIEGO COUNTY CHARTER)

FILER INFORMATION: (Please type or print in ink)**Catherine Smith dba Collaborative Services**

(NAME OF CONTRACTOR [INDIVIDUAL OR ENTITY] OR REGISTERED LOBBYIST)

(TELEPHONE NO. - INCLUDING AREA CODE) 619-232-2112**CONTRACTOR LOBBYIST (Check one)****SUPPLEMENTAL FORM (Check if presenting at Board of Supv. Mtg.)****DISCLOSURE COVERS PERIOD FROM JANUARY 2004 TO January 2005**

(Disclosure must cover the year preceding the date of the disclosure)

NAME AND ADDRESS OF CONTRACTOR :**Collaborative Services, 427 "C" Street, Suite 200, San Diego, CA 92101****ADDRESS OF REGISTERED LOBBYIST (IF APPLICABLE)****(Clerk's Use Only - Date and Time Stamp)**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2005 FEB 10 PM 2:35

THOMAS J. RUTUSZKA
CLERK OF THE BOARD
OF SUPERVISORSBoard Mtg. Date: 2/2/05Agenda Item: 12

Communication Rec'd.: _____

County Department Contact:

Name _____

Department _____

Phone: () _____

REPORTABLE DISCLOSURE: (Check Yes or No below)**YES** If you **HAVE** gifts and/or contributions to report, please complete Sections A and/or B, as applicable, and Sections C, D, and E**X NO** If you have **NO** gifts and **NO** contributions to report, please complete Section D and E only**A. REPORTABLE DISCLOSURE - GIFTS * (AGGREGATING \$50.00 OR MORE)**

NAME OF RECIPIENT (Name of Board Member or immediate family member)	NAME & TITLE OF DONOR	DATE OF GIFT	DESCRIPTION OF GIFT	AMOUNT/VALUE

* Attach additional pages if necessary

B. REPORTABLE DISCLOSURE - CAMPAIGN CONTRIBUTIONS * (ANY AMOUNT)

NAME OF RECIPIENT (Name of Board Member or Controlled Committee receiving campaign contribution)	NAME & TITLE OF CONTRIBUTOR	DATE OF CONTRIBUTION	AMOUNT

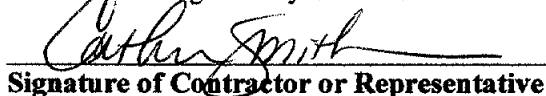
* Attach additional pages if necessary

C. TOTAL NUMBER OF PAGES (including this page) _____**D. VERIFICATION**

I have used all reasonable diligence in preparing this disclosure. I declare under penalty of perjury that I have reviewed this disclosure and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

 Catherine Smith, President**Signature of Lobbyist or Signature & Title of Person Submitting Disclosure for Contractor)**Executed at: 427 "C" Street, Suite 200, San Diego, CA (City and State) Date: 2/3/05**E. CONTRACTOR'S CERTIFICATION**

The contractor and the contractor's registered lobbyist, if any, have complied with the disclosure requirements imposed by San Diego County Charter section 1000.1.

 Catherine Smith
Signature of Contractor or RepresentativePresident _____
Title _____2/3/05
Date _____